

Missouri Department of Health and Senior Services BASIC ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) REGISTERED INSTALLER TRAINING COURSE APPLICATION

Mail course application and fee to the address listed below.

Your registration fee of \$250.00 must be received with this completed registration form. We will accept business or personal checks, or money orders for payment. We cannot accept credit cards or purchase orders. **Make check or money order payable to the Missouri Department of Health & Senior Services** and mail to:

**Missouri Department of Health and Senior Services
Attention: Fee Receipts
P.O. Box 570
Jefferson City, MO 65102-0570
Fax 573-526-7377**

Please Print If you have questions, please contact the Onsite Sewage Program at (573) 751-6095.

Subject to availability and expected attendance, courses are offered at either:		
Columbia, Missouri	35 openings	
Jefferson City, Missouri	50 openings	
For more information, scheduled course dates and locations: http://www.dhss.mo.gov/Onsite/Calendar.html		
Mark Choice(s) 1 st , 2 nd , etc.	Course Date	Course Location
	Next Available	
Time: 8:00 a.m. to 5:00 p.m. daily		Course Fee: \$250.00
Name – First	MI	Last
		Social Security Number
Business Name		Home County
Business Address (as shown on list)		State
		Zip Code
Mailing Address (if different)		E-mail Address
Business Telephone Number	Contact Telephone Number (if different from business number)	FAX Number
List up to four other counties in which you are available to work. (While you may be available to work in more counties, list four) *		
1.	2.	3.
		4.
Check one of the following boxes if you prefer NOT to have your name on the Registered Installers List.		
<input type="checkbox"/> Do not include my name on the website Registered Installers List (include it on other published lists).		
<input type="checkbox"/> Do not publish my name on ANY Registered Installers List.		
Signature		Date

*NOTE – There may be additional requirements in order to work in some counties. Check with the county administrative authority.

FOR DHSS USE ONLY

Fee Receipts Transmittal #:

Date Paid:

Accepted? ☐

Test Score

ID#